

# **2020 CNRS Provider Quality Management Self- Assessment**

# Objectives

1. Overview of the Community-Based Neurobehavioral Rehabilitation Services (CNRS) Provider Quality Oversight process
2. Familiarize providers with 2020 Self-Assessment (SA)
3. Identify and address frequently asked questions
4. Provide resources for technical support

# Methods of Quality Oversight



# Methods of Quality Oversight Cont.

## Self-Assessment

Is an attestation to compliance with Iowa Administrative Code (IAC) and the Code of Federal Regulations (CFR)

Completed annually

## Targeted Review

Reviews areas of concern affecting health and safety and quality of service

Completed as needed

## Onsite Review

Validation of the SA and includes a full review of required policies and procedures

Occurs on a three year cycle

## TA and Education

Provide Clarification on state and federal regulations outlined in the SA

Anytime requested

# Self-Assessment

Annual self-reporting tool related to standards identified for all CNRS providers

Standards are set by

- Code of Federal Regulations (CFR)

- Iowa Administrative Code (IAC)

- Best practice recommendations identified by State of Iowa

**Due March 1, 2021**

The annual submission of the self-assessment and participation in IME CNRS quality oversight activities is required for CNRS provider types to maintain enrollment as an Iowa Medicaid provider

# Self-Assessment

## 1. Identify

Identify the number of self-assessments which should be submitted

Depends on each locations' policies and procedure packets

## 2. Complete

The form includes 100 fields of various types

All fields must be completed electronically based on current policies and procedures

## 3. Submit

QIO Specialist will review form

Process is not complete until an acceptance letter has been received

# 2020 Self-Assessment

## 1. Identify

## 2. Complete

## 3. Submit

- <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/cnrs/sa>
- Save the appropriate number of assessments to your computer
- Open the form in the newest version of adobe reader, acrobat pro, or PDF viewer. DO NOT complete the form in a web browser

# 2020 Self-Assessment

## 1. Identify

## 2. Complete

## 3. Submit

- Four sections
  - Section A: Agency Identification
  - Section B: Service Locations
  - Section C: State and Federal Standards
  - Section D: Guarantee of Accuracy
- Read all instructions carefully before completion
- Handwritten forms or forms submitted incorrectly will not be accepted



### Community-Based Neurobehavioral Rehabilitation Services (CNRS) 2020 Provider Quality Management Self-Assessment

This form is required for entities enrolled to provide CNRS in the state of Iowa.

Each provider is required to submit one, four section self-assessment by January 1, 2021. This form is to be completed and submitted via fillable PDF as directed on the Provider Quality Management Self-Assessment webpage. A password-protected electronic signature is required in Section D in order for this document to be accepted. **Incomplete self-assessments will not be accepted.**

**Section A.** Identify the organization submitting this form.

**Section B.** Identify each organization service location.

**Section C.** Select the response option from the dropdown menu that indicates the most accurate response for each item. Response options include Yes or No. If required areas are incomplete, the self-assessment will be returned to the organization and must be resubmitted.

**Section D.** Please complete and sign as directed.

Questions can be directed to the CNRS mailbox: ([CNRS@dhs.state.ia.us](mailto:CNRS@dhs.state.ia.us)).

Section A. Organization Identification		
Identify the organization completing the form by providing the following information using the text entry fields below.		
Employer ID Number (EIN) (9 digits):		
Associate NPI:		
Organization Name:		
Mailing Address:		
City:	State:	Zip Code:
Administrative Director:		
Email:	Telephone:	
Self-Assessment (SA) Contact Person:	Title:	
SA Contact Person Email:	Telephone:	
Organization Website Address:		



# A: Demographic Information

1. Identify

2. Complete

3. Submit

Section A asks for information for the main office. There is a space to list the EIN number (9 digit number) and the location's NPIs (10 digit numbers). List your agency's legal name, if different from name you are doing business as (DBA), as well as correct email addresses.

<b>Section A. Organization Identification</b>		
<i>Identify the organization completing the form by providing the following information using the text entry fields below.</i>		
Employer ID Number (EIN) (9 digits):		
Associate NPI:		
Organization Name:		
Mailing Address:		
City:	State:	Zip Code:
Administrative Director:		
Email:	Telephone:	
Self-Assessment (SA) Contact Person:	Title:	
SA Contact Person Email:	Telephone:	
Organization Website Address:		

# B: Service Locations

## 1. Identify

## 2. Complete

## 3. Submit

- Include only Residential CNRS locations
- For each location include all requested fields. Including staff name and credentials
- Include Section A location if Residential CNRS is provided at that location
- Use the checkbox at the top of the page if there are more than 12 Residential CNRS locations

**Section B. Service Location**  
Complete for each service location. Include location from Section A if CNRS is provided at that location. Do not include location from Section A if CNRS is not provided at that location.  
If the agency requires technical assistance, contact the CNRS Mailbox (CNRS.dhs.state.ia.us) or click for help

☐ Check box if agency has more than 12 service location. If checked leave Section B. blank. A QIO Quality reviewer will contact you with an additional document to complete.

	Location 1	Location 2	Location 3
Location Name			
Address			
City			
State			
NPI			
Legacy Number			
Executive Director (ED)			
ED Credentials			
Administrator (Admin)			
Admin Credentials			
	Location 4	Location 5	Location 6
Location Name			
Address			
City			
State			
NPI			
Legacy Number			
Executive Director (ED)			
ED Credentials			
Administrator (Admin)			
Admin Credentials			
	Location 7	Location 8	Location 9
Location Name			
Address			
City			
State			
NPI			
Legacy Number			
Executive Director (ED)			
ED Credentials			
Administrator (Admin)			
Admin Credentials			

# C: State and Federal Standards

1. Identify

2. Complete

3. Submit

## Section C. State and Federal Standards

*For each of the following standards, the agency must select a response from each dropdown menu.*

- Indicating "Yes" means the agency currently has in place policies and/or practices meeting the proposed standards and can provide documented evidence verifying such.*
- Indicating "No" means the agency does not currently have policies, practices, and documented evidence in place. When a "No" is indicated, the agency must document in the space provided at the end of each area plans to meet the standards. The plan must identify the agency's timeline for meeting the standards. Implementation of corrective action to address current Code of Federal Regulations (CFR), Iowa Code (IC), or Iowa Administrative Code (IAC) standards must be completed within 30 days of the date in Section D of this form.*

*This annual Provider Quality Management Self-Assessment will be returned to the agency if all sections are not completed, responses chosen are not compliant with CFR, IC, or IAC or otherwise deemed unacceptable.*

*If the agency requires technical assistance, contact the CNRS Mailbox ([CNRS.dhs.state.ia.us](mailto:CNRS.dhs.state.ia.us)) or click for help*

### I. Provider Eligibility

*IAC Chapter 77.52*

At a minimum, all providers will maintain evidence that:

1. The mission statement encompasses members' needs, desires, and abilities

Choose One ▾

2. The organization is fiscally sound and established fiscal accountability

Choose One ▾

3. The program administrator shall be Certified Brain Injury Specialist Trainer (CBIST)

# C: State and Federal Standards

1. Identify

2. Complete

3. Submit

## Select a Response

- If indicating “**Yes**”, it means you have a policy and/or evidence in place as required. It is not necessary to explain your response.
- If indicating “**No**”, you must develop a remediation plan to meet the standards

## Remediation Plan

- Specific action steps to correct
- A specific time line for remediation
- Must be completed within 30 days

degree in the human services field with two years of ex with brain injury, or (4) be a certified brain injury specie certification as approved by the department
If indicating "No," describe the plan to meet the standard(s):
<div></div>
II. Training Requirements
IC 25-2-10, 25-2-11 and IC 25-2-12

## D: Guarantee of Accuracy

## 2. Complete

## Three components

1. Accreditation and/or Licensure
2. Standing with accreditation and/or licensing organization
3. Electronic Signature (see next slide)

### Section D. Guarantee of Accuracy

In submitting this Self-Assessment or signing this Guarantee of Accuracy, the organization and all signatories jointly and severally certify that the information and responses on this Self-Assessment are true, accurate, complete, and verifiable. Further, the organization and all signatories each acknowledge (1) familiarity with the laws and regulations governing the Iowa Medicaid program; (2) the responsibility to request technical assistance from the appropriate CNRS review coordinator (see contact instructions on page one) in order to achieve compliance with the standards listed within this assessment; (3) the Department, or an authorized representative, may conduct on-site reviews on a periodic basis as initiated by random sampling or as a result of a complaint. **NOTICE: Any person that submits a false statement, response, or representation, or any false, incomplete, or misleading information, may be subject to criminal, civil, or administrative liability.**

*If the organization requires technical assistance, contact the CNRS Mailbox ([CNRS.dhs.state.ia.us](mailto:CNRS.dhs.state.ia.us)) or click for help.*

Indicate the licensure and accreditation held for each location, include only those which qualify your organization to provide CNRS. Include dates of accreditation/licensure/certification for each selection chosen (MM/YY begin – MM/YY end):

[illegible]

# D: Guarantee of Accuracy

## 1. Identify

## 2. Complete

## 3. Submit

- **Should be signed with a secure digital signature**
- A help document can be found at:  
<https://helpx.adobe.com/acrobat/using/digital-ids.html>
- Consult FAQ, QIO Specialist or [CNRS@dhs.state.ia.us](mailto:CNRS@dhs.state.ia.us) for troubleshooting
- Self-Assessments without signatures and dates will be returned

Is your organization in good standing with the accreditation organizations?			
Is your organization in good standing with the licensing organizations?			

PRINTED NAME of Organization

PRINTED NAME of Director

3

SIGNATURE of Director

DATE

PRINTED NAME of Chairperson, Board of Directors

SIGNATURE of Chairperson, Board of Directors

DATE

# 2020 Self-Assessment

1. Identify

2. Complete

3. Submit

- Self-Assessment will again be completed electronically
  - Use “Submit” button at the end of the document
- **Do not complete the form by hand, scan, print, fax, or upload through IMPA unless otherwise instructed by your HCBS specialist**
- Send other supporting documentation (remediation plans) as needed
- Send all supporting documents with your agency name in the email subject line or the pre-populated subject line.


# 2020 Self-Assessment

1. Identify

2. Complete

3. Submit

Highlight Existing Fields   Submit Form



**Community Based Assessment & Evaluation Services**  
2020 & 2021 Provider Quality Management Self-Assessment

This form is required for all providers who are providing services to the state of Iowa. The form is used to assess the quality of services provided by providers. The form is used to assess the quality of services provided by providers. The form is used to assess the quality of services provided by providers.

**Section A: Agency Information**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Fax: \_\_\_\_\_

Agency Email: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Agency Type: \_\_\_\_\_

Agency Size: \_\_\_\_\_

Agency Hours: \_\_\_\_\_

Agency Staff: \_\_\_\_\_

Agency Services: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Agency Signature: \_\_\_\_\_

Agency Date: \_\_\_\_\_

**To:** CNRS@dhs.state.ia.us

**Subject:** Submitting Completed Form

**Attachment:** 470-5551\_distributed.pdf

**From:**

**Email Address:**

\_\_\_\_\_

**Full Name:**

AGENCY NAME

☐ Remember me

To save your email address and name in Acrobat's Identity preferences, check Remember me. Do not check this box if you are using a public computer.

**Send** **Cancel**

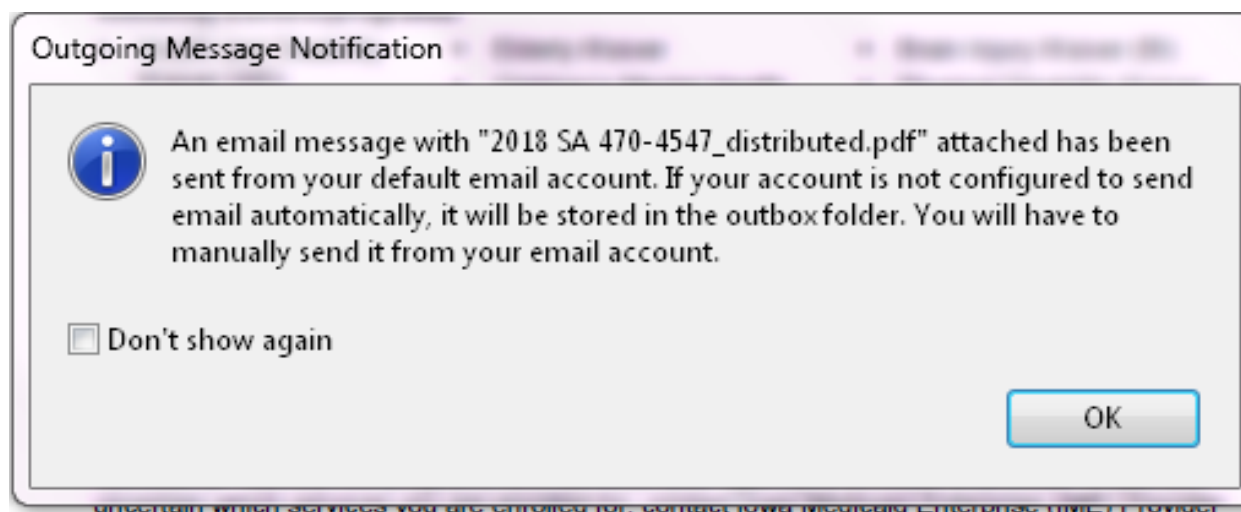


# 2020 Self-Assessment

1. Identify

2. Complete

3. Submit



# 2020 Self-Assessment

1. Identify

2. Complete

3. Submit

- Providers will receive written letter of acceptance by IME
- Incomplete submission
  - If areas of the self-assessment are incomplete or remediation was not identified, the provider will be notified and the self-assessment must be resubmitted
  - The March 1, 2021 due date still remains

# Timeliness

- Due by March 1, 2021
- Implementation of corrective action to address current state and federal standards must be completed within 30 days of the date in Section D.
- **Failure to submit the required 2020 Quality Management Self-Assessment will jeopardize your agency's Medicaid enrollment.**

# CNRS Support

- Self-Assessment Website  
<http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>
  - Frequently Asked Questions (FAQs)
  - Self-Assessment Training Slides
  - Link to QIO Specialist assignments
- Archived Informational Letters  
<http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>
- Informational Letter sign-up  
<https://secureapp.dhs.state.ia.us/imp>
- QIO Specialists

# Additional Support

- Centers For Medicare and Medicaid Services <http://www.cms.gov/>
- Iowa Code and Iowa Administrative Code (IAC):  
<http://search.legis.state.ia.us/nxt/gateway.dll/ic?f=templates&fn=default.htm>
- Provider Services: <http://dhs.iowa.gov/ime/providers>
  - imeproviderservices@dhs.state.ia.us
  - 1-800-338-7909 (toll free) or 515-256-4609 (Des Moines)  
Select Option 4

# Questions

Send questions to:

[CNRS@dhs.state.ia.us](mailto:CNRS@dhs.state.ia.us)

Subject: 2020 Self-Assessment